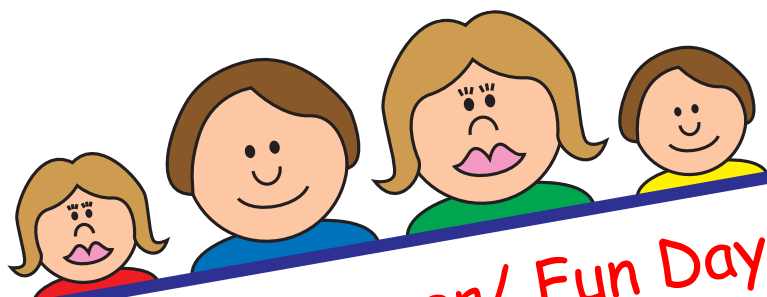


Harpswell Recreation presents

Registration Deadline: Sept. 9

Distribution Dates: August 9



PeeWee Soccer/ Fun Days

Your child(ren) can choose from a range of activities designed for ages 4 to 6 yrs. and, your whole family is invited to join the fun!



6-week program beginning **September 18**: every Saturday from **9:00 – 10:00 a.m.** at the Trufant-Summerton Ballfield, Great Island.



The purpose of this program is to have fun, play & socialize.



Parent or Adult **must** accompany your child.

Registration Deadline* - September 9, 2010

***No on-site registration**

Return the completed form with the \$5.00 family fee to:

Town of Harpswell, Recreation Dept.

P.O. Box 39

Harpswell, ME 04079

Make checks payable to: Town of Harpswell

Late fee/Non-resident fee: \$5

Coordinator and Coaches needed!

More information?

Call **Gina Perow** at 833-5771 or
harpswellrec2@suscom-maine.net

----- detach here -----

Harpswell PeeWee Soccer/ Fun Days Registration - 2010

For office use only:

_____ #R4120

Child's Name _____

Age on 9/8/2010 _____

Street Add. _____

Phone _____

Town _____ Zip _____ E-mail* _____

Parent or Adult accompanying child (please print) _____

Emergency contact _____ Phone# _____

**E-mail is important to communicate necessary information*

☐ I would like to help

*** Photos & videos taken may be used in local publicity ***

RELEASE FROM LIABILITY

In consideration of the permission granted to my child by the Town of Harpswell to participate in the PeeWee Soccer/ Fun Days during Fall 2010, I hereby release and discharge the Town of Harpswell, its agents, officers from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child has or may incur by participation in the above-mentioned activities. I realize I must provide my own health/accident insurance for injuries that my child may sustain while participating in the above-mentioned activities. I give the supervisor permission (in my absence) to obtain whatever medical treatment may be necessary in the event of injury.

Date _____ Signature _____ (parent/guardian)

Return Completed Form to the Town Office (There is an after-hour drop to the right of the glass entrance)

Flyer by **DESIGN**

Late fee/Non-resident fee: \$5